



CITY OF BATTLEFIELD COMPLAINT FORM

TODAY'S DATE: _____

NAME: _____ ADDRESS: _____

DAYTIME PHONE: _____ HOME PHONE: _____

Please provide as much detail as possible with dates, times and information about other witnesses as appropriate. The more information we have, the better the investigation. Use the back or other pages as needed.

NATURE OF COMPLAINT: _____

COMPLAINANT'S SIGNATURE: _____
Received By: _____ Time Received: _____

RESOLUTION: _____

PERSON INVESTIGATING: _____

Date Investigation Complete: _____
